

**Data Sharing & Mapping Task Force**  
**Commission on Improving the Status of Children in Indiana**  
**May 7, 2014**  
**Meeting Minutes**

1. The Task Force met on Wednesday, May 7, 2014 from 1:30 p.m. to 3:30 p.m. in the JTAC Training Room, 30 South Meridian Street, 5<sup>th</sup> floor. The following members were present: Lilia Judson of the Division of State Court Administration (STAD), (Co-Chair); Julie Whitman of the Indiana Youth Institute (IYI), (Co-Chair); Josh Ross for Mary Allen, Criminal Justice Institute (CJI); Chris Waldron, Indiana State Department of Health (ISDH); Tony Barker for Paul Baltzell, Indiana Office of Technology (IOT); Cynthia Smith, Department of Child Services (DCS); Jeff Tucker, DCS; Mary DePrez, Judicial Technology & Automation Committee (JTAC); Kevin Moore, Division of Mental Health and Addiction Services (DMHA); and, Tom Bodin, Indiana Attorney General's office (IAG). Delia Armendariz of Casey Family Programs attended via teleconference. Additionally, the following guests attended the meeting: Lynne Hammer, IAG; Barbara Seely, NAMI Indiana (National Alliance on Mental Illness); and, Jessica Majors and Kathleen Schmitt, Student Employees, STAD. The meeting was staffed by Ruth Reichard and Michael Commons, STAD staff attorneys. Not present: Joshua Towns, Department of Education (DOE), and Ann Hartman, Connect2Help/211.
2. The Chairs welcomed those in attendance and everyone introduced themselves.
3. **Approval of minutes:** the members reviewed the minutes of the March 18, 2014 meeting and approved those minutes unanimously.
4. **Discussion of request from Substance Abuse & Child Safety Task Force (Senator Head):** we took this item out of order. Julie distributed the work her data team has compiled to date in order to fulfill this request, and we went through the items in Senator Head's request one by one. Regarding his questions on meth. labs, Tom offered that the Indiana State Police would probably be the lead agency for information. Ruth reminded everyone that IDEM tracks these locations as well, since they are environmentally hazardous, and that the DEA also has information about the labs on its web site. When the Commission focused on substance abuse in an earlier meeting and Susan Smith of Casey prepared slides showing lab locations and DCS interventions, she got much of the information from those two sources. Regarding numbers of neglect cases involving drug abuse, Cynthia agreed that the federal statistics are probably the best source—both Cynthia and Jeff were unsure whether it was possible to break down the numbers further by type of drug, but they would check. Cynthia also offered to check for recent statistics for the other requests from Senator Head's task force. Tom noted that the Attorney General tracks prescription drug abuse by provider name under the "Bitter Pill" program. With respect to Medicaid, the consensus was that substance abuse alone as a diagnosis would not qualify a person for Medicaid. Everyone with information on these data points promised to get their contribution to Julie during the week of May 12<sup>th</sup>.
5. **Report from Barbara Seely, NAMI—Mapping Project:** Barbara has made a lot of progress since she last spoke to the task force in March. She presented a PowerPoint show with her key findings and also shared two interactive maps. The URLs for the Google maps are:

For Emergency/ Acute Inpatient Facilities for Youth in Mental Health Crisis:

<https://mapsengine.google.com/map/edit?mid=z1UWod3e2glE.kpg1CpCgy0x4>

For Community Partners for Youth (Juvenile Justice and Mental Health):

<https://mapsengine.google.com/map/edit?mid=z1UWod3e2glE.k39x3Pk6IOcs>

With this information, it is possible to see the locations of the JDAI counties, CIT, CIT for youth, juvenile detention centers, community mental health centers, and psychiatric hospitals. There are many “blank” areas on the maps, indicating gaps in availability of services. There is an obvious need for emergency access to mental health care. Resource-rich areas like Fort Wayne and Indianapolis have obvious “go to” emergency rooms for psychiatric crises (Parkview Behavioral and Community North, respectively), but many Indiana communities do not have nearby options and residents are simply told to “go to the nearest emergency room.” For a good read on why emergency rooms are inappropriate to meet this need and the practice known as “boarding,” Barbara recommended the Emergency Nurses Association White Paper, “Care of the Psychiatric Patient in the Emergency Department.” Barbara’s project is assessing the availability of both emergency care and inpatient acute/stabilization care. Although she is able to map those facilities, she still does not know a total count of actual beds. Private mental health facilities are not crisis-oriented (for example, they don’t do intake 24/7/365 and they don’t receive crisis patients). In response to a question, Barbara observed that DCS is not automatically called when a juvenile is brought in with psychiatric issues. Barbara then cited the story of Virginia State Senator Creigh Deeds and his son, Gus, as a tragic example of what can happen when there are not enough crisis beds available for those who need them (watch a speech Sen. Deeds gave to the National Press Club two months ago about the need for mental health care reform here:

<http://www.c-span.org/video/?318583-1/mental-health-care-reform> )

Parents need to know where their options are, where the beds are—which is why Barbara is undertaking this project. NAMI sees this work as a resource for parents whose children are having mental health/psychiatric crises. Barbara did not have a firm date for completing this survey; on a related note, Kevin is working on a similar project with a deadline of September 2015, and he plans on getting in touch with Barbara. Kevin also suggested that Barbara check into the IARCCA book of resources (for more information on IARCCA, see [www.iarcca.org](http://www.iarcca.org) ).

Lilly stated that our task force is very interested in seeing Barbara’s final report. Tom asked whether Barbara had encountered any privacy issues; Barbara has not yet, but expects that some may emerge, as she is studying two aspects of the system (crisis/emergency services, and resources for youth once they are stabilized, a/k/a psychiatric care).

Jeff Tucker asked how Barbara was keeping the information current. She replied that that is a consideration, and updating the information would be part of the project’s long-term plan. Julie asked Barbara to please stay in touch, as she is identifying important gaps.

6. **Report from Julie Whitman—April 8<sup>th</sup> Meeting with CMHCs:** Julie spoke briefly about her meeting in early April with the Community Mental Health Centers’ group on adolescent services. She made a brief presentation about the Commission and our mapping project, and then spent the rest of her time there listening to their impressions about existing government

policies, professional education, and other important gaps in the system. It turned into a very productive meeting and Julie emerged with several concrete suggestions for improvement. Most of these issues and suggestions made their way into the draft of our task forces' narrative for the Commission's annual report.

7. **Report from Paul Baltzell on MPH/Data Collection on Service Providers:** Tony Barker gave the report for Paul. Tony stated that his office cannot easily access the specific data points we are requesting for the service providers; neither can Kevin at DMHA. The MPH project derives its information from data that are already publicly available and/or that the state already has in its possession. The bottom line is that IOT cannot offer us a shortcut right now. The discussion then turned to surveying the various licensing boards. The IPLA (<http://www.in.gov/pla/>) licenses individuals and organizations, while Kevin's office, the DMHA, licenses organizations and facilities.<sup>1</sup> We decided to explore this avenue further at our next task force meeting. Tony said that currently, his office is looking at using analytics to study child and infant mortality. He is not sure what task will come up next. Tom told Tony that we are interested in their child and infant mortality data, the sources for the data, etc. Julie also mentioned to Tony that the Commission has a task force specifically relating to child and infant mortality, and he asked us to share Paul's contact information with the other task forces.
8. **Review Proposed Narrative for Annual Report:** Ruth distributed a draft of the proposed task force narrative for the Commission's annual report. The enabling statute requires the Commission to make an annual report on July 1. Working backward from that date, with a goal of handing in a suitable draft at the next Commission meeting on May 21, Ruth developed a rough draft of a narrative and maps for everyone to review. Chris developed the maps with information he received from Ruth (from the surveys) and also from Ann Hartman; Ann's information led to the creation of an "unmet needs" map, which shows unfilled requests for substance abuse and mental health services for children and youth (age 18 years and younger) from 211 callers around the state. Lilly and Julie asked everyone to please get any comments, suggestions, corrections, etc. to Ruth by May 16. Ruth will forward the remarks to Lilly and Julie, who will work on finalizing the draft by May 21. Barbara offered to share a spreadsheet of her findings.
9. **Update on Mapping Project/Discussion on Scope of Database:** Ruth introduced Jessica Majors and Kathleen Schmitt, the two SPEA graduate students who are entering the survey results and building the database in Microsoft Access. Ruth asked the task force members for direction on whether they would like the students to contact the providers listed in the schools' survey responses and also to research the unanswered surveys. The task force members said yes. Barbara noted that Google Forms enables the user to email brief surveys for free (as opposed to Survey Monkey), which would be an inexpensive way to reach out to these entities

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<sup>1</sup> The Indiana PLA licenses the following professions: Accountancy, Acupuncture, Addiction Counselors, Architects & Landscape Architects, Athletic Trainers, Auctioneers, Barbers, Behavioral Health and Human Services, Chiropractors, Cosmetology & Barber, Dentistry, Dietitians, Engineering, Funeral & Cemetery, Genetic Counselors, Health Facility Administrators, Hearing Aid Dealers, Home Inspectors, Interior Design Registry, Manufactured Home Installers, Marriage and Family Therapists, Massage Therapy, Medical (Physicians & Osteopathic Physicians), Mental Health Counselors, Nursing, Occupational Therapy, Optometry, Pharmacy, Physical Therapy, Physician Assistant, Plumbing, Podiatric Medicine, Private Investigator & Security Guard, Psychology, Real Estate, Real Estate Appraisers, Respiratory Care, Social Workers, Speech Language Pathology and Audiology, Surveyors, and Veterinary Medicine.

and get the basic information we are seeking. Ruth will email the students the list of data points that Lilly and Julie decided upon. The task force members decided to have the students keep building the database and ignore the taxonomy for the foreseeable future. The consensus of the group was to meet with Ann and the other leadership of Connect2Help/211 about housing the database of survey results.

10. **Next meeting**: the Task Force's next meeting will be on Monday, June 9, from 2:00 p.m. to 4:00 p.m. at 30 South Meridian Street, 5<sup>th</sup> floor. Once again, we will have a conference call set up for the next meeting so that personnel from Casey Family Programs can call into the meeting.